

L23000071653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

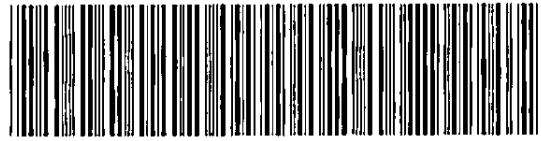
(Business Entity Name)

(Document Number)

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DEC 29 PM 4:01
TALLAHASSEE, FL

AB

COVER LETTER

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TO: Registration Section
Division of Corporations

DEC 29 PM 4:01

SUBJECT: BLOOMING PROPERTY LLC
Name of Limited Liability Company

STATE OF FLORIDA
TALLAHASSEE, FL

DOCUMENT NUMBER: L23000071653

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIELA SETRAKIAN

Name of Person

ARGENTAX LLC

Name of Firm/Company

1241 CANARY ISLAND DRIVE

Address

WESTON, FL, 33327

City/State and Zip Code

gabysetrakian@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIELA SETRAKIAN

786

458 - 3493

Name of Person

at (

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

7075 DEC 29 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ARGENTAX LLC

_____ , hereby resigns as

Name of Registered Agent

Registered Agent for BLOOMING PROPERTY LLC

Name of Limited Liability Company

L23000071653

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

ARGENTAX LLC - GABRIELA SETRAKIAN

Typed or Printed Name

MEMBER & MANAGER OF ARGENTAX LLC

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314